



Return to: UFMCC Board of Pensions (U.S.A.)
 P.O. Box 1374
 Abilene, TX 79604

Dear Clergy, it is very important to our Auditors that you return this form marked either Elect or Decline.

PLEASE TYPE OR PRINT CLEARLY

PARTICIPANT INFORMATION

Name	
Address	
City, ST, Postal Code	
Home Phone	Work Phone
Email Address	
Date of Birth	Social Security Number
Date of Initial Licensure/License to Practice	

Please select either to elect or decline to participate in the U.S. clergy pension plan and sign below your choice. You must select one or the other.

I ELECT

I hereby notify the Board of Pensions of the Universal Fellowship of Metropolitan Community Churches that I choose to participate in the U.S. clergy pension plan (UFMCC Defined Benefit Plan and Trust).

Signature

Witness Signature

Date:

Please continue to select payment options and designate your beneficiary.

I DECLINE

I hereby notify the Board of Pensions of the Universal Fellowship of Metropolitan Community Churches that I choose NOT to participate in the U.S. clergy pension plan (UFMCC Defined Benefit Plan and Trust). In so doing, I am exempt from making the mandatory contribution and I will receive NO benefit whatsoever from the above described pension plan. This means I will NOT receive any benefits as a result of contributions made by the Plan Sponsor, the local churches of the Universal Fellowship of Metropolitan Community Churches.

Signature

Witness Signature

Date:

PAYMENT OPTIONS

I will make my \$120 annual contribution (please check one):

- Quarterly \$30 (to be paid before the 5th of March, June, September, and December).
- Annually \$120 (to be paid before the 5th of December each year).

Please send a check made payable to UFMCC Board of Pensions (USA) indicating which quarter or year you are making a payment. You are responsible for ensuring payment of your contribution. You will be billed at the beginning of each year and you will be notified if payment is incomplete for the previous year.